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Health & Wellness *focus*

NEWSLETTER FOR JOB CORPS HEALTH & WELLNESS STAFF

Collaboration to Promote Wellness

In a response to a call for innovative practices on Job Corps centers, Sharon Lee, RN, Health and Wellness Manager at Grafton JCC, wrote “Well, I do not know how innovative [this practice is] because probably other centers are doing some kind of weight loss program, but Grafton JCC has finally gotten our *Biggest Loser* program off the drawing board and into activation and it sure has the students pumped!”

Ms. Lee is correct in her assessment—her center is not the only one hosting a weight loss program. In fact, all centers who responded to a 2008 Job Corps informal survey on the topic offered counseling to students and approximately a quarter had hosted a weight loss competition in the past year. The innovative part of Grafton’s program is the collaboration between departments. This program is a joint effort between health and wellness, social development, food service, recreation, residential living, and culinary arts. Beyond incentives and peer support, staff teamwork is the most important component of nutrition and exercise programs on Job Corps centers, according to the survey.

It stands to reason that a program that focuses on healthy eating and exercise would involve the entire center. After all, students need access to recreation and healthy food. They also require support from other center staff. Grafton JCC’s staff intuitively knew this was the case and collaborated on this program. To ensure students get the necessary services, Grafton JCC:

- Hosts exercise classes 4 nights a week and staff supervise exercise every night
- Offers low-calorie menu items in the cafeteria
- Provides private cooking classes with the culinary arts instructor
- Staff act as team leaders for small groups of students

In addition, Ms. Lee reviews students’ food and exercise journals and provides weekly feedback. It is a huge undertaking and truly takes the entire center.

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Grafton’s Biggest Loser— “It is a hard challenge, but it’s worth it in the end. You feel better in many ways.”

Samuray lost 34.6 pounds



The Real Benefit of Teamwork

Tyler has been struggling to lose weight for 5 years and could not meet the military entrance weight requirement. With the center’s Biggest Loser program, he has lost the weight needed to qualify for entry. Tyler’s career goal is to be a member of either the military’s Police Force or Special Forces. Ultimately, his goal is to guard an American embassy. Tyler said, “I met my goal to lose weight to be able to get into the military and I feel better about myself.”

Being Where the Students Are: Innovative Ways to Serve Students

Simone enters the Wellness Center for her weekly drop in—this time for a headache and scratchy throat. You try to be patient, but you're busy and don't have time to attend to Simone's weekly minor ailments.

Five minutes later Michael enters, barely able to stand, partially carried by his roommate who explains that Michael has had the flu for days but hasn't wanted to come to the Wellness Center. Finally, this morning his roommate decided to drag him. Michael doesn't look familiar. When you look at his SHR, you see that he hasn't visited Wellness since his entrance physical, nearly a year ago.

Chances are you see these two ends of the spectrum of students: students, like Simone, who wait outside the Wellness Center for the doors to open, or pop in without a pass for every headache and sneeze. Other students, like Michael, practically need to be on their deathbed to visit Health and Wellness. Both students present unique challenges.

The *Simones* of the world are our health care over-users. Along with unnecessary medical tests and procedures, these health care consumers contribute to the \$700 billion dollars each year spent unnecessarily on health care (Orszag, 2009).

The *Michaels* of the world provide part of the explanation as to why women live longer than men. Not surprisingly, men make fewer contacts with health care providers during their life. They are twice as likely as women to allow more than 2 years between visits to a physician (Mansfield, Addis, & Mahalik, 2003).

Of course, plenty of males overuse health services and plenty of females underutilize services. Part of our work in Job Corps is to help our *Simones* and *Michaels* learn to use health care appropriately and, of course, to help them learn how to take care of themselves. Gary and Delaware Valley JCCs have found quick and easy (and effective!) ways to provide students with health education and to teach them how to utilize health services appropriately. They have accomplished this by stepping outside of the Wellness Center.

At Gary JCC, with over 1,600 students, nurses rotate through the dorms for evening discussions. They

come prepared with discussion topics, but often students engage wellness staff in discussions about the health issues that are important to them. During these candid discussions, they talk about everything from hygiene issues and how to avoid smelly feet, to the effectiveness of condoms in protecting against HIV.

Now fewer students come to the Wellness Center looking for a miracle pill. They no longer complain that the Wellness Center only supplies them with cough drops and Tylenol. They have begun to learn the reason behind the services they receive. Since hygiene has become a hot topic in the evening chats, the staff members at Gary JCC have seen one other remarkable change in the students. Brenda Brooks, RN, Gary JCC Health and Wellness Manager happily said, "Since initiating our hygiene campaign, the students' hygiene issues have shown great improvement."

At Delaware Valley JCC, nurses set up a table from 4:30-5:30 p.m. daily in the cafeteria. What began as the center's push to have more staff in the cafeteria during meal times became a full blown initiative to "Be Where the Students Are." Instead of spending an hour monitoring cafeteria behavior, the nurses took advantage of this teachable moment. Armed with free giveaways—hand sanitizer, cough drops, sunscreen, bug spray—they entice students to their table. While shopping for free samples, students (1) learn a little about their own health, (2) make appointments, and (3) talk to nurses about how to use center health services appropriately.

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Being Where the Students Are (continued)

In just a few hours a week, these centers have improved their Wellness Center's image, made a lasting impression on student health, and helped students learn to effectively use health care. If you spent an hour or two each week where the students are, what could you change?

Sources

Mansfield, A.K., Addis, M.E., Mahalik, J.R. (2003). Why won't he go to the doctor?: The psychology of men's help seeking. Retrieved online June 1, 2010 from http://findarticles.com/p/articles/mi_m0PAU/is_2_2/ai_107836730/

Orszag, P.R. (2009). McAllen Medicine. Retrieved June 1, 2010 from <http://www.whitehouse.gov/omb/blog/09/05/28/McAllenMedicine/>

Students recognize it's a lot easier to come to Wellness. We have more interaction with the students. They don't just come to talk to us when they're sick. They come and say, 'Hi, how are you?' and ask questions. They look at the nurses like people now."

Lynne Wilcox, RN, HWM
Delaware Valley JCC



At left, **Stacy Traeger, LVN**, educates students about healthy behaviors in the dorms at Gary JCC.



At right, **Lynn Wilcox, RN**, answers a student's questions during dinner at Delaware Valley JCC.

DSM-V and the New TDD (Temper Dysregulation Disorder with Dysphoria)

– Andrew Berger, PhD, Job Corps Mental Health Specialist

Brianna entered Job Corps with a diagnosis of bipolar disorder due to mood swings. She was medicated, but went off her medication a year ago because she lost her health insurance. Since going off the medication, Brianna has been doing fine. She is irritable at times, but what teenager isn't? You suspect that she was misdiagnosed; maybe there is something going on, but it's not bipolar disorder. So, what is it?

The American Psychiatric Association (APA) is updating the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition, Text Revision (DSM IV-TR). The new manual, DSM-V is scheduled for release in May 2013.

A new diagnosis, **Temper Dysregulation Disorder with Dysphoria** (TDD), is being considered for addition to this new release. TDD addresses the clinical presentation of children who do not meet the criteria in the DSM-IV-TR for the diagnosis of childhood bipolar disorder but, in spite of that, have been diagnosed and treated with this condition.

The APA workgroup assigned to this task posits that there are two distinct populations: children who truly have bipolar disorder per the criteria in the DSM-IV-TR, and those diagnosed with bipolar disorder, who do not actually have bipolar disorder, but have a mood disorder not categorized in the DSM-IV-TR. Since there is not currently a diagnosis that accurately categorizes these children's symptoms, mental health professionals have diagnosed the children with bipolar disorder, the closest diagnosis available. If this change occurs in the DSM-V, a considerable population of children who have been misdiagnosed with childhood bipolar disorder may receive a new diagnosis of TDD. See page 6 for TDD draft diagnostic criteria and implications.



Creating a Culture of Health

Grafton and PIVOT JCCs offer some suggestions to create a culture that embraces healthy eating and exercise on your center:

- ✓ Involve as many different people as you can. Everyone on center can support student health.
 - Make sure you work with the Center Mental Health Consultant (CMHC). A lot of students have emotional issues with food and the CMHC can help students with these issues. Other students may feel that their weight protects them from social pressures.
 - Social development has the responsibility of working with students during the evening hours—they are an integral part of the group.
- ✓ While everyone on center should be involved, a leader should be chosen to maintain momentum.
- ✓ Involve all center staff from the beginning and encourage them to model healthy behaviors.
- ✓ Set and adhere to deadlines to keep everyone on task. Without a deadline, people will continue to talk about ideas, but there will be little action.
- ✓ Make sure students have a lot of options for exercise. Consider bringing in outside instructors in the evenings.
- ✓ In addition to motivation from staff members, encourage students to motivate each other. Let friends work together. Encourage them to avoid letting their team down.
- ✓ Let students be part of the process; let them select their own activities and food.



*The PIVOT staff running club (l to r):
Blake, Tyna, Liz, and Anh-Quan
(Center Director).*

HOT off the Press! New Desk References

Last summer, we released *The Health and Wellness Manager Desk Reference Guide*. Three more components of the Job Corps Health and Wellness Desk Reference Suite are now available on the Job Corps Community website—*The Center Physician*, *Center Mental Health Consultant*, and *Oral Health Desk Reference Guides*.

CMHC Desk Reference Guide highlights include:

- Referral and Feedback Form
- Success Management Plan
- File Review Tip Sheet
- Chronic Care Management Plans

- Staff Development Training Modules

Center Physician Desk Reference Guide highlights include:

- Chronic Care Management Plans
- Pregnancy Log and Education Forms
- HIV Testing Information Sheet
- List of Preferred Medications

Oral Health Desk Reference Guide highlights include:

- Oral Health Productivity Indicators
- Priority Classification System

The desk reference guides summarize Job

Corps staff members' responsibilities. They include suggestions for meeting PRH requirements and serve as a central location for important forms. These guides are meant to be used in conjunction with the PRH, TAGs, Information Notices, Program Instructions, and other valuable information found on the Job Corps Health and Wellness website.

To access these guides:

- Log into Citrix
- Click the Community Website
- Documents
- Health and Wellness Program Desk Reference Suite
- Find your guide and open it

Any comments or suggestions may be e-mailed to Carol Abnathy, National Health and Wellness Manager, abnathy.carol@dol.gov.



Collaboration to Promote Wellness (continued)

According to the survey, the most effective programs focused on fun and relied heavily on staff participation. Staff members, not peers, were in charge of supplying the motivation and keeping students interested. Successful programs set concrete goals and had strategies to motivate students, such as pep talks, staff mentors, and competition between staff and students. Most importantly, successful programs received support from the Center Director. This was the case at Grafton JCC. Ms. Lee said, “I am grateful for a Center Director who very much supports the program and saw to it that we got it going.”

PIVOT, our smallest center, with an enrollment of 60 young women, embodies center-wide health and wellness. The Center Director, Anh Quan Le-Rutt, leads a culture of wellness as a positive role model to students and staff by running 8 miles per day with a colleague. She started a blog where staff can share recipes and success stories. They post pictures of their running club, race results, health news, and recommendations for health-related books, movies, and television shows.

The staff shares a healthy lunch on Fridays. At a recent lunch, wraps were provided and each staff member brought a healthy filling to share.

There is no shortage of activities at PIVOT. Classes (yoga, stretching, a walking group, stair climbing, and weekend hikes around Portland, OR) are open to staff and students. Students can use dance or yoga tapes if they want to exercise on a day when there is not an activity that fits into their schedule.

Every staff member is asked to bring something related to body, mind, or soul to students and staff. Staff members who do not have fitness-related hobbies are asked to share relaxing activities with others.

The center also has a partnership with Curves gym a few blocks away. Ten students go on Tuesdays and Thursdays. This is treated as a reward—students earn the privilege to go to Curves through positive behavior on center. The students also have the opportunity to learn to plan

economical, healthy meals through an Oregon State outreach program.



The Grafton and PIVOT programs have a lot in common. Both started with a health-conscious Center Director. Then health-conscious staff began to share their love of exercise and healthy eating with students and other staff. Representatives from every department—counseling, social development, food service, recreation, and health and wellness—figure out how they can best contribute. The leaders of both programs acknowledge that they can encourage students to make the right choices, but ultimately, it is up to the students to take action. Then, these leaders figure out how to make it easy for students to make healthy choices; they give students support and they praise them for their efforts and successes. They do all of this as a team.

It is often said that team stands for *Together Everyone Achieves More*. This has certainly been the case with the healthy lifestyles programs at PIVOT and Grafton JCCs. What can your team accomplish?



Grafton's Biggest WINNERS!

Left: “My weight loss has taken a big stress off of me.” José lost 30.2 pounds.

Center: “This has been the most challenging thing I have done, but the self value is priceless.” Tamia lost 12.6 pounds.

Right: “[This was] challenging, but worthwhile.” Louis lost 14.2 pounds.



TDD Draft Diagnostic Criteria & Implications

The American Psychiatric Association website* proposes the following draft criteria for the disorder:

- A. The disorder is characterized by severe recurrent *temper outbursts* in response to common stressors.
1. The temper outbursts are manifest verbally and/or behaviorally, such as in the form of verbal rages, or physical aggression towards people or property.
 2. The reaction is grossly out of proportion in intensity or duration to the situation or provocation.
 3. The responses are inconsistent with developmental level.
- B. *Frequency*: The temper outbursts occur, on average, three or more times per week.
- C. *Mood between temper outbursts*:
1. Nearly every day, the mood between temper outbursts is persistently negative (irritable, angry, and/or sad).
 2. The negative mood is observable by others (e.g., parents, teachers, peers).
- D. *Duration*: Criteria A-C have been present for at least 12 months. Throughout that time, the person has never been without the symptoms of Criteria A-C for more than 3 months at a time.
- E. The temper outbursts and/or negative mood are present in at least two settings (at home, at school, or with peers) and must be severe in at least in one setting.
- F. Chronological age is at least 6 years (or equivalent developmental level).
- G. The onset is before age 10 years.
- H. In the past year, there has never been a distinct period lasting more than one day during which abnormally elevated or expansive mood was present most of the day for most days, and the abnormally elevated or expansive mood was accompanied by the onset, or worsening, of three of the “B” criteria of mania (i.e., grandiosity or inflated self esteem, decreased need for sleep, pressured speech, flight of ideas, distractibility, increase in goal directed activity, or excessive involvement in activities with a high potential for painful consequences). Abnormally elevated mood should be differentiated from developmentally appropriate mood elevation, such as occurs in the context of a highly positive event or its anticipation.
- I. The behaviors do not occur exclusively during the course of a Psychotic or Mood Disorder (e.g., Major Depressive Disorder, Dysthymic Disorder, Bipolar Disorder) and are not better accounted for by another mental disorder (e.g., Pervasive Developmental Disorder, post-traumatic stress disorder, separation anxiety disorder). (Note: This diagnosis can co-exist with Oppositional Defiant Disorder, ADHD, Conduct Disorder, and Substance Use Disorders.) The symptoms are not due to the direct physiological effects of a drug of abuse, or to a general medical or

neurological condition.

What are the implications of the creation of this new category of mood disorder? In The New England Journal of Medicine (May 2010) Erik Parens, Ph.D., Josephine Johnston, L.L.B., M.B.H.L., and Gabrielle A. Carlson, M.D. make the following comments:

- Children who recently received the bipolar label because of their explosive outbursts could now receive the TDD label instead and the children could therefore better benefit from research and treatment of the appropriate condition.
- Switching from the bipolar label to the TDD label will not by itself decrease the rate of psychopharmacologic treatment because the same medications that are used for bipolar disorder might also be used for TDD.
- Children with TDD will be at risk for side effects associated with the use of atypical antipsychotic agents, such as dramatic weight gain, metabolic and endocrine abnormalities, and cognitive dulling.
- If the diagnosis is applied to children with any kind of temper tantrum or irritability, it will actually increase medication use. It will be important to consider other factors such as children who live in stressful households and have other conditions that require nonpharmacologic interventions.

The addition of TDD to the DSM-5 may lend some clarity to the debate about the most appropriate diagnostic home for some deeply troubled children.

*<http://www.dsm5.org/ProposedRevisions/Pages/proposedrevision.aspx?rid=397>



Resource Corner

Medical

The Evolution of Obesity Therapies. Medscape CME. Continuing education for physicians, .75 credit. The goal of this activity is to provide expert perspectives on the efficacy of current and emerging approaches to obesity management.. <http://cme.medscape.com/viewarticle/722366?src=cmemp&uac=132564DV> (login required)

Institute for Healthcare Improvement. Learn about strategies to improve service delivery. <http://www.ihl.org/ihl>

Mental Health

Peer support for young adults with mental health concerns. The National Alliance on Mental Illness has launched StrengthofUs.org, a new online community where young adults living with mental health concerns can provide mutual support in navigating unique challenges and opportunities during the critical transition years from ages 18 to 25. Developed by young adults, StrengthofUs.org is a user-driven social networking community where members can connect with peers; share personal stories, creativity, and helpful resources; write and respond to blog entries; engage in discussion groups; and share videos, photos, and other news. <http://www.strengthofus.org>

PSA campaign launches as new survey data shows only one in five young adults believes that people are caring and sympathetic to those with mental health problems. SAMHSA News Release: <http://www.samhsa.gov/newsroom/advisories/1005252813.aspx>

Substance Use

New report provides startling look at substance abuse on an average day in the life of American adolescents. SAMHSA News Release: <http://www.samhsa.gov/newsroom/advisories/1006035159.aspx>

Nationwide study shows substantial differences in adult substance use rates among various Asian-American groups. SAMHSA News Release: <http://www.samhsa.gov/newsroom/advisories/1005192854.aspx>

September is Recovery Month. Order Recovery Month kits and events: <http://recoverymonth.gov/>

General

Wolf Creek JCC “Future Billionaires” video. Courtesy of Troy Davidson, CADC II, Wolf Creek TEAP Specialist

HHS Awards \$96 Million to Train Health Professionals. Recovery Act investments will support nurse faculty and disadvantaged students. <http://www.hhs.gov/news/press/2010pres/07/20100701d.html>

Could sunscreen cause skin cancer? Study provides an overview of Benzophenone (BP-3), an agent often found in sunscreen that has shown adverse effects in animal studies by the National Toxicology Program. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2453187/>

CDC Releases the 2009 Youth Risk Behavior Survey (YRBS) Results. <http://www.cdc.gov/Features/RiskBehavior/>

Have an idea for a newsletter article? E-mail Julie Luht, julie.luht@humanitas.com, to share your story or resource.

